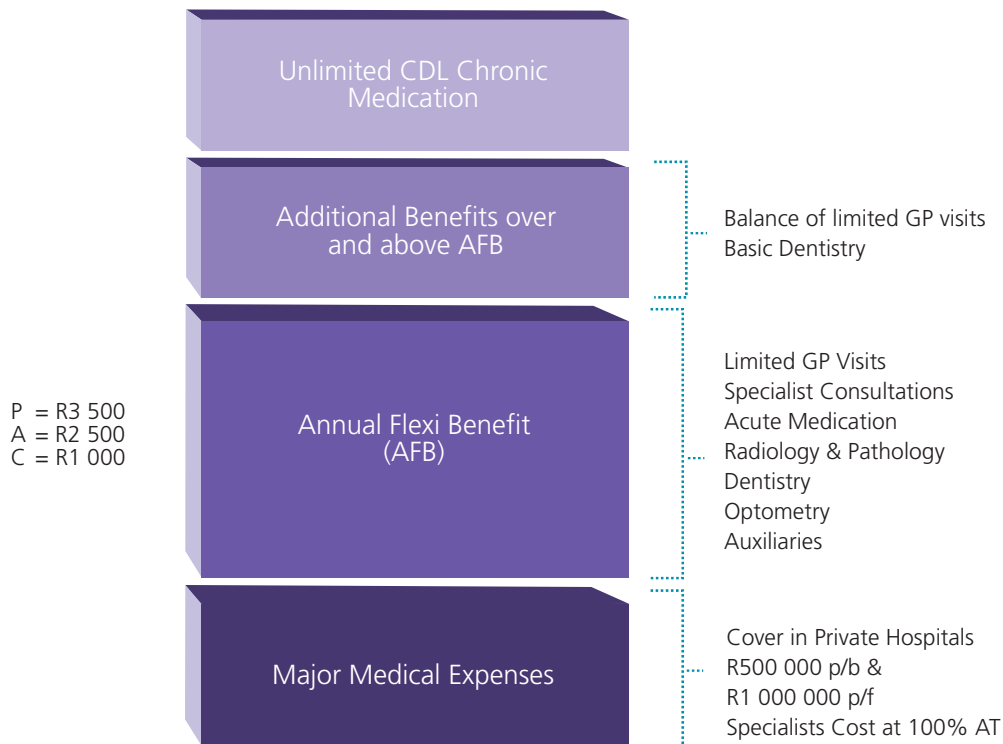


The Mumed Option

Mumed is a traditional option which offers peace of mind for moderate healthcare needs.

Structural Overview of Benefit Design



TOTAL ANNUAL OUT OF HOSPITAL BENEFIT (EXCL. CDL CHRONIC MEDICINES)

P = R3 500

P + A = R6 000

P + A + C = R7 000

P + A + 2C = R8 000

Thereafter the balance of GP visits are available and basic dental benefits are unlimited.

Hospital Cover

As a Mumed member you have cover in any private hospital within the scheme's preferred provider group, for pre-authorized planned procedures as well as emergency admissions. An annual limit of R500 000 p/b and R1m p/f is applicable.

All treatment in hospital is subject to pre-authorization, case management and scheme protocols. For any planned procedure, pre-authorization needs to be obtained at least 48 hours before the scheduled event. If the procedure was not authorised, a co-payment of R2 000 will apply. A late authorisation will attract a R1 000 co-payment.

In the event of an emergency, the scheme needs to be notified within one working day after the emergency admission, failing which a R500 co-payment will apply.

Services Covered in Hospital

The Mumed option offers the following services in hospital:

Services below are paid at 100% of the agreed tariff (AT), subject to the annual hospital limit (AHL), unless otherwise specified.

- Ward fees – General; ICU and High Care
- Theatre fees
- Medication whilst in hospital
- GP visits
- Specialist visits
- Blood Transfusions (Note that there is a Preferred Provider)
- Oncology including chemotherapy and radiotherapy – subject to pre-authorization, protocols and a designated service provider (DSP)
- Take home medication is limited to 7 days supply per discharge, subject to MRP and formulary
- Surgical Prosthesis e.g. artificial joints; stents and artificial limbs are subject to pre-authorization, protocols and sub-limits (See Member guide)
- Electronic/Nuclear devices e.g. pacemakers; defibrillators; nerve stimulators and cochlear implants are subject to pre-authorization, protocols and sub-limits (See Member guide)

- Clinical Technologists limited to R15 000 per family
- All Specialised Radiology including MRI, CT and PET Scans are limited to R10 000 per family per annum, unless otherwise pre-authorised.
- Basic Radiology is limited to R20 000 per family
- Pathology is limited to R20 000 per family, unless otherwise pre-authorised.
- Confinements are limited to 3 days for a normal birth and 4 days for a Caesarean section, if registered on the scheme's maternity programme, otherwise no benefit
- Physiotherapy is limited to R4 000 per family
- Psychiatric treatment is limited to 21 days in a hospital with a psychiatric facility or a mental health institution (DSP only), subject to protocols
- Alcoholism, drug dependence and narcotism is subject to PMB (DSP only)
- Organ transplants, plasmapheresis and renal dialysis are subject to PMB benefits, pre-authorisation and scheme protocols
- Sports injuries are subject to protocols and excludes professional sports
- Biological Agents are limited to R100 000 with a 25% co-payment, subject to pre-authorisation and protocols
- Radial Keratotomy & Excimer Laser are limited to the optical benefit

Hospitalisation Alternatives

The Mumed option offers cover step down nursing facilities, Hospice and Rehabilitation, subject to pre-authorisation, protocols, case management and the Annual Hospital Limit.

Co-Payments

Co-payments are payable when hospitalised for certain procedures. Co-payments will only apply for procedures performed in a hospital or a day clinic. Where two co-payments are applicable, only the larger will apply if admitted to a hospital/day clinic.

Procedure (non-PMB)	Co-Payment
Gastroscopy	R1 500
Colonoscopy	R1 500
Cystoscopy	R1 500
Nasal/sinus Endoscopy	R1 500
Functional Nasal Surgery (Septoplasty)	R1 500
Hysteroscopy	R1 500
Flexible Sigmoidoscopy	R1 500
Athroscopy	R1 500
Diagnostic Laparoscopy	R1 500
Dental	R1 500
Excision Lesion (Benign & Malignant)	R1 500
Joint Replacement (Athroplasy)	R8 000
Conservative back and neck treatment (including traction and spinal cord injections)	R1 500
Laminectomy and Spinal Fusion	R8 000
Nissen Fundoplication (Reflux surgery)	R8 000
Hysterectomy (Except for cancer)	R3 000

Cover for Chronic Conditions

The Mumed option offers extensive cover for the following 27 chronic conditions:

Addison's Disease, Bipolar Mood Disorder, Bronchiectasis, Cardiac Arrhythmias, Cardiomyopathy, Chronic Renal Failure, Congestive Cardiac Failure, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus type 1 and 2, Epilepsy, Glaucoma, Haemophillia, Hiv/Aids, HRT, Hypercholesterolaemia/Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis

Chronic medication is subject to the Basic formulary and the Medisor Reference pricing. A 25% co-payment is applicable to non-formulary medicines. All CDL chronic medication is unlimited and not subject to the AFB.

Members are required to register for all covered chronic conditions. Please see Member guide for registration procedures. Prior to registration on the chronic program, only the first prescription will be paid from the acute medicine benefit.

Cover for Day-to-Day Benefits

The Mumed option is a traditional option which covers day-to-day claims from an Annual Flexi Benefit (AFB). The AFB will be pro-rated if you join during the year. Once the AFB has been utilised, some benefits are unlimited for the remainder of the year and the balance of GP visits will be available. Unless otherwise indicated, no per beneficiary limits apply.

AFB Limits:

P : R3 500

A : R2 500

C : R1 000

Day-to-Day Benefits

All benefits are paid at 100% of AT and are subject to the AFB, unless otherwise specified

Benefits	Limits
GP's and Specialists GP Consultations	Visits limited to: M: 6 visits, M1: 8 visits, M2: 10 visits, M3+: 11 visits Initially paid from AFB, thereafter balance of visits available
Specialist Consultations	Limited to AFB
Dentistry Basic Dentistry	Initially paid from AFB, thereafter unlimited
Specialised Dentistry	R1 200 p/b, subject to protocols
Radiology and Pathology Basic Radiology Basic Pathology Specialised Radiology including MRI, CT and PET Scans	Limited to AFB Limited to AFB Subject to Specialised Radiology limit in-Hospital, pre-authorisation required
Prescribed Medicines Acute Medication	Paid from AFB. A 25% co-payment is payable on all non-generic products Subject to MRP
Over the Counter Medication (OTC) and Homeopathic medicines	R400 p/b and R700 p/f (max of R125 per day) subject to MRP
Oral Contraceptives	Subject to Acute Medication limit Subject to MRP and formulary Limited to R60 p/b per month
Optical Optometry	1 Tests p/b Lenses, frames and contact lenses – R900 p/b, R2 700 p/f Frame sub-limit of R450 p/b included in lens limit
Other Auxiliary Services (Speech Therapists, Social Workers, Chiropodists/Podiatrists, Occupational Therapists, Homeopaths & Naturopaths, Dieticians, Chiropractors, Audiologists, Physiotherapists and Biokinetics) Clinical Psychologists Psychiatry	Collective limit of R1 250 p/b, R2 000 p/f R1 000 p/f R2 500 p/f
Private Nursing at home	100% of GWR 20 days Subject to pre-authorisation
Ante-Natal Classes Hospital emergency room/casualty emergency visits (not requiring admissions excluding facility fees)	R500 or 6 classes Paid from AFB, excluding facility fees
Surgical & Medical Appliances e.g. wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators	R5 000 p/f, not subject to AFB Sub-limits apply (See Member guide)
Emergency Road-side Assistance and Ambulance Transportation International Travel	Unlimited at Preferred Provider R5 million cover for 90 days
Wellness, Lifestyle and Preventative Care	<p>One GP Wellness Consultation (Excluding procedures) Blood pressure, blood sugar and cholesterol test at R80 p/b at DSP pharmacy Rapid HIV tests – 1 p/b per annum Mammogram – 1 test per female beneficiary over age of 40 every 24 months Pap smears – 1 test per female beneficiary over age 18 per annum – subject to protocols PSA (Prostate specific antigen) – one test per male beneficiary over age of 40 per annum Annual Fitness Assessment for beneficiaries over age of 21 (conducted by Biokineticist) Dental check-up consultation Prophylaxis – Malaria (as required) Vaccinations:</p> <ul style="list-style-type: none"> • Childhood as recommended by the Department of Health up to 18 months <ul style="list-style-type: none"> • Flu vaccinations – 1 dose p/b per annum • Adult Pneumococcal Vaccine (pneumonia) for at-risk members. • Childhood Pneumococcal Vaccine.

Prescribed Minimum Benefits (PMB):

- Subject to Scheme Protocols
- Hospitalisation – 100% AT at DSP, unlimited
- Medication – CDL conditions are unlimited, subject to a formulary and dispensed by a DSP
- Medical Management in and out of hospital – 100% AT, subject to protocols and treatment by DSP
- HIV/AIDS – subject to registration on HIV/AIDS program, subject to protocols, failing which a R3 000 p/b, per annum limit will apply

Contribution Table:

MUMED	Principal	Adult	Child
0 - 7 500	1 176	918	330
7 501 - 12 500	1 290	1 008	364
12 501+	1 482	1 158	414

Glossary

AFB	=	Annual Flexi Benefit
AHL	=	Annual Hospital Limit
AT	=	Agreed Tariff according to the National Health Reference Price List (NHRPL)
CDL	=	Chronic Disease List
DSP	=	Designated Service Provider
GWR	=	General Ward Rate
MRP	=	Mediscor Reference Price
OTC	=	Over the counter pharmacy prescription
P, A,C	=	Principal member, Adult dependent, Child dependent
P/B	=	Per beneficiary
P/F	=	Per family
PMB	=	Prescribed Minimum Benefits
PP	=	Preferred Provider
TTO	=	To take out i.e. Medicines taken out of hospital when discharged

This brochure is a summary of the benefits of Compcare Wellness Medical Scheme. A copy of the current Rules may be obtained from the Administrator, if so required. The Rules of the Scheme will always take precedence over this summary.